Majesty Christian Academy Re-Enrollment Form 2018-2019

Personal Information		Release Form
Print Student's Last Name, First Name:		PROMOTIONAL MATERIAL Majesty Christian Academy reserves the right to use any photography or video taken while your child is at school, for promotional purposes. HEALTH AND SAFETY For the protection of all, students with lice/nits are unable to be retained on the premises. CONSENT TO EXAMINE I consent to examination and treatment of my child(ren) through personnel employed by Majesty Christian Academy. CONSENT TO RELEASE OF LIABILITY I understand that there are certain inherent risks in any activity, including school involvement. In consideration of my child(ren)'s participation in these activities, I, for myself, spouse, and heirs, agree to release Majesty Christian Academy from any and all claims, demands, or actions on account of damage to personal property or injury which may result from participation in the regular school activities. This release includes claims based on the negligence of Majesty Christian Academy and their staff, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue. CONSENT TO RELEASE OF INFORMATION I agree that any health information provided to Majesty Christian Academy personnel, whether provided directly by me, my child(ren), or from other sources, may be released as deemed necessary by Majesty for the purpose of taking appropriate precautions to prevent harm to my child(ren) or others arising from any physical or mental condition my child(ren) may have. I understand that the information that may be disclosed may include, but not be limited to, diagnoses, medications, medical conditions, mental health conditions, communicable disease status (including HIV status), treatments, and laboratory findings; but any release of such information will be limited to those details Majesty deems necessary to take appropriate safety precautions. I also understand that Majesty reserves the right to review any information given and to determine student capability and eligibility based on that information. IN CASE OF MEDICAL EMERGENCY I understand that every effort will be made to contact parents or guardians of students in the event of an emergency. In the event that I cannot be reached, I hereby give permission to the physicians selected by Majesty to hospitalize; secure proper treatments; and order injection, anesthesia, or surgery for my child(ren) as named. I assume all financial responsibility for such treatment.
Gender: ☐ Male ☐ Female	School hours: 8:00 am - 3:00 pm Early drop-off: 7:50 am Late Pick-Up: 3:30 - 5:30* *$10 per hour for late pick-up (billed at the beginning of the hour)	
Current Age:		
Date of Birth: _____/_____/_____		
Email address:		
Home Phone:		
Cell Phone:	**Medical Information**	
Parent/Legal Guardian with whom you live:	Date of Last Tetanus Booster:	
Emergency Contact Name:	Prescribed Medication Taken Regularly: (Must be in original prescription container labeled with student's name, medication name, dosage, and time to be taken)	
Emergency Contact Number:		
Student's Grade (Fall 2018): ☐ K5 ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th	Specific Allergies and type of reactions: Medical Conditions and Activity Restrictions: Name of Insurance Holder: Name of Insurance Company:	Print Name: Parent or Guardian's Signature: X_____